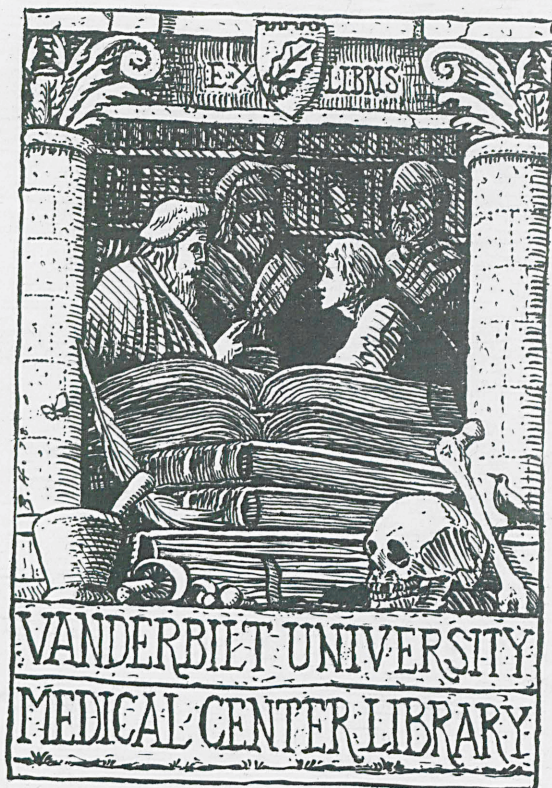


Student Health Coalition.

Final report, 1981.

WA390
S933
1981F



VANDERBIET UNIVERSITY
MEDICAL CENTER LIBRARY

124646

**S
T
U
D
E
N
T

H
E
A
L
T
H

C
O
A
L
I
T
I
O
N

1
9
8
1**



Final Report
APPALACHIAN STUDENT HEALTH COALITION
September 1980 -- August 1981

"Experiencing warmth and a hearty welcome is medicine for the spirit; whatever there is about the coalition or people that engenders it. I hope that 'it' does not change, for 'it' accounts for much of the summer's richness.

As I now describe my summer experiences to friends, I realize that we witnessed and experienced some desperate circumstances, i.e. poverty, adult illiteracy, aimless kids avoiding education, lonely old folks, and lots of nervous people with non-specific worries. I was not always aware of this over the summer, simply because of the friendships that developed between us and the communities. That this closeness, which minimizes our differences, can develop, gives one a sense of optimism about our work and similar efforts. Community goals and clinic development aside, shared living experiences in communities compose our summer's deepest experiences." --Charlie Cochran, medical student

TABLE OF CONTENTS

Co-Directors Statement	2
Background	4
Preparation for the Summer	7
Health Fair Sites	12
Special Project Sites	23
Year Round Activities	25
Conclusions	28
Recommendations	30
Appendixes	33
-Summer 1981 Participants	
-Description of a Day at the Health Fair	
-Orientation Schedule	
-Physical Assessment Course Schedule	
-Newspaper Articles	

ACKNOWLEDGEMENTS

We would like to thank the Lyndhurst Foundation, the Public Welfare Foundation, the Robert Wood Johnson Foundation, and the Jessie Smith Noyes Foundations for their generous support to the Appalachian Student Health Coalition. Without their assistance, we would have been unable to operate.

VANDERBILT UNIVERSITY
MEDICAL CENTER LIBRARY

JAN 07 1983

NASHVILLE, TENNESSEE
37232

CO-DIRECTORS STATEMENT

The year 1980-81 was a time of change and introspection for the Student Health Coalition. With this change came growth, conflict, invention and sharing. Some of our program changes were in response to the new realities of Reaganomics, others were long overdue modifications in our procedures for year round support of community efforts. With an organization as established as the Coalition change is always difficult but consistently we strove to realize our goals of community mobilization, service delivery and student learning.

This final report is a record of our introspection. It is also a record of achievement. For the 1980-81 Appalachian Student Health Coalition continued the highly successful networking of students and communities which has always marked the project. One of the communities with which we worked in the summer of 1981 is on its way to the development of community controlled primary health care center a food co-operative was founded, and one county moved far closer to providing adequate services for its senior citizens. We strengthened our often precarious relationship with various sectors of Vanderbilt University and reestablished ties with a variety of support organizations throughout the Appalachian Region. We moved into West Tennessee for the first time in many years and began to develop working relationships with several primarily black communities.

Perhaps even more important than these tangible achievements was the intangible role we played in the lives of individuals. Working to create a better world for oneself and one's children is often a lonely task for students as well as community residents. The Coalition and the Health Councils it spawns allow a forum for collective action, a place where people can put aside their divisions and work for the common good. Several of the student final evaluations from the summer noted the contrast students saw between the competitiveness of the university environment and the teamwork of the Coalition. By some criteria, Carroll County, Tennessee, was not the most successful of our Health Fair sites, but our role in helping forge the first interracial organization in the County's history was among our most important achievements of the past year.

None of the major officials in the county had thought that it would be possible for different racial groups to successfully work together to stage the health fair. We and the citizens of Smyrna, Buena Vista and Clarksburg proved them wrong. For both students and communities, the experience of living with people of different economic and racial backgrounds was an invaluable experience and allowed for a level of support and communication which was impressive and unexpected. As a medical student said in his final evaluation "Blacks in Smyrna, as well as whites in Grapeville let me closer toward celebrating the diversity of human experience. Since I was ensconced in Vanderbilt's medical enclave this fall, the summer reawakened and enlightened me."

As the co-directors of the Coalition, it was our distinct pleasure to watch the project grow and develop on a daily basis. We received consistent and extraordinary support for which we will be long grateful. This support came from the staff of the Center for Health Services, old Coalitioners, and present students. Most of all, though, our drive and inspiration came from community members. It was they who put in the long hours, who provided the details of information, who found time to spend long hours on tasks despite commitments to jobs and families. Their ability to work together always inspired us to work harder and compromise more. Community members have many reasons to distrust outsiders. That they accept and believe Coalitioners shows an openness that many of us could learn from. Ultimately we take pride in the achievements of the Coalition and sincerely hope that the project will continue to prosper.

Hank Wilber

Probably the hardest aspect of writing a final report is coming to grips with the fact that over a year has passed since becoming a co-director. It was a year of challenges, excitement, healthy ups and downs topped off by a summer bearing the fruits of our labors. We started with lots of ideas, goals, determination and will; we left with more ideas, inspiration, knowledge and belief that the Appalachian Student Health Coalition exists, and has so for thirteen years, for real reasons. Hard work on the part of students and communities has kept the Coalition spirit alive. Long-term solutions to health-related problems have materialized, and have survived and grown amidst various economic and political climates.

Mary Wasley

BACKGROUND

To understand the form and content of the 1980-81 Student Health Coalition, it is necessary to consider briefly the history of the program. While each years' co-directors and students are open to re-design the program as necessary, there is a rich tradition of successful and unsuccessful innovation which serves to constrain and inform the drive to experiment.

The Appalachian Student Health Coalition had its beginnings with a group of Vanderbilt Medical Students in 1969. Rebelling from the medical schools' traditional emphasis on hospital based practice and tertiary care, these students were searching for a way to make their education relevant to the social problems of the times. After considerable effort, they devised and received funding for a project whereby they would learn the rudiments of physical diagnosis and then provide free physical examinations to poor Southerners who lacked access to medical care. Dr. Amos Christie provided the training and after several weeks eight medical and nursing students headed off to Clairfield and White Oak, Tennessee, both small hamlets in the Clearfork Valley along the Tennessee-Kentucky border. Once in Clairfield and White Oak the students conducted health fairs. At these health fairs, citizens received their health evaluations, including medical histories, basic laboratory tests, and physical examinations at no cost to them. Rejecting the formality of many doctors' offices, the students set out to make the fairs enjoyable for all involved, putting up bright posters and holding games for children. All in all, several hundred people received evaluations the first summer.

In terms of the student's medical training, the summer was certainly a beneficial experience. Model Valley, the area where Clairfield and White Oak were located, was an extremely neglected area and many of the persons seen at the health fairs had not visited a nurse or physician in years, if ever. Numerous serious illnesses were discovered and relevant referrals made, although it must be admitted that many patients could not follow through on these referrals--for reasons of economics. The dominant experience of the summer for the students was not medical, however. It was political. This area had been one of the very early centers of community organizing in Appalachia and the local clinic movement. Several services had already been introduced and the name Model Valley had been adopted from the Model Cities program and implied a determination to improve conditions. Citizens in Frakes, Kentucky and Clairfield, Tennessee, had already banded together to start community health clinics. These clinics were staffed by nurse practitioners and visited weekly by physicians engaged by a community board of directors, and funded, in part, by a sliding scale fee schedule based on the ability to pay. Unlike traditional health boards, these community boards were dominated by recipients rather than providers of health care. They were vehicles by which people served by the system could create better alternatives with a system which had neglected them.

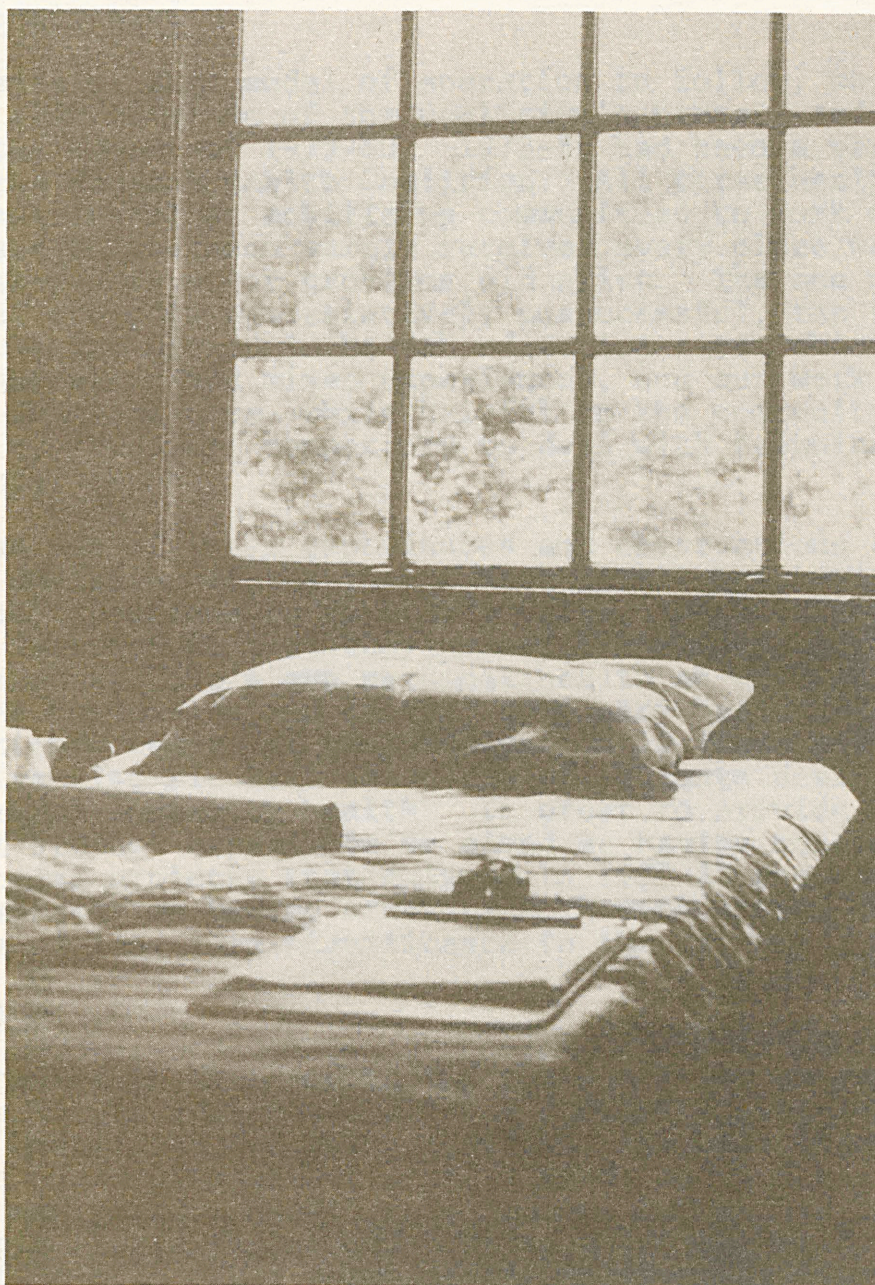
It was this model of community controlled health care which deeply impressed the students. Sliding fee scales promised to break down the financial barriers which kept poor people out of doctors' offices; the use of supervised nurse practitioners allowed decentralized primary care to be practiced where there was not the financial base to support a physician; and community controlled boards made good health a community rather than a strictly professional issue. Community control was a popular concept at the time and appealed to students seeking alternatives to mass institutional structures.

As a result of their experiences in the summer of 1969, students made changes in the design of the program. Helping communities to mobilize around health care issues became the dominant pattern of activity for the Coalition; community organizers were added to the staff, the belief in a citizen's right to primary health care was taken as an ideal, sites began to be chosen on their present and potential state of community mobilization and strong consideration was given to the need for clinic development. The health fairs changed, too. Law students were hired as rights and benefits counsellors to help individuals find long-term solutions to their personal financial problems and health education became integrated into the encounter for the physical examination. By 1971, the size of the group had expanded from eight to twenty-seven. Even more importantly, the Student Health Coalition began to view itself as a partner with community groups, providing them with assistance in achieving their goals. Locally determined social change was the goal, and local folks soon assumed the initiative in setting up the health fair, finding housing and meals for the students and planning the services offered. People from the community staffed some of the health fair stations and took the major responsibility for community follow-up.

Once initiated, these changes became fixed and the philosophy and structure of the Student Health Coalition has remained relatively consistent. Our goals are student-training, the provision of direct services to impoverished residents and the facilitation of local community organization. During the past twelve years, over 41,000 physical evaluations have been given and over 20 communities have developed community controlled health care centers or are nearing completion of such a structure and over 40 students have gained valuable and direct exposure to real health care issues. To note consistency is not to say that considerable experimentation has not taken place, however. Health education fairs have been conducted, the length of health fairs have ranged from one to three weeks, the health fair team has at times travelled from site to site for the summer and at times broken into distinct units which have spent the summer in one place. Special research projects undertaken for community groups have consumed up to one third of the group.

Nevertheless certain beliefs have remained. Three of these beliefs in particular helped form the framework of the 1980-1981 Appalachian Student Health Coalition. These were: 1) That the

Student Health Coalition is not a service organization. We are an organization that provides a service as one way of mobilizing people to help themselves; 2) To be successful, any student project must be fully cognizant of its limits. Students are not professional community organizers or doctors and they are available for a very limited period of time. The support they lend community groups must reflect these limitations of resources; and 3) Communities have always housed and fed students during the health fair and throughout the organizing process. This process of students living with community residents has built deep personal bonds and considerably assisted our policy of supporting locally determined change.



PREPARATION FOR THE SUMMER

The Appalachian Student Health Coalition's process of selecting and developing communities for summer work involves at least two stages and takes up much of the co-directors' time throughout the winter and early spring. These two stages are determining what basic model of summer operations the Coalition is to follow, and selecting sites where this model can be implemented.

Model Determination:

In deciding what model of operation to follow, we were guided both by a general sense of the Coalition's history and our experiences in the summer of 1979-80. 1979-80 had been a very good year for the Student Health Coalition. All three health fair sites had been successful at mobilizing communities to work on long range projects and we had been warmly received every place we had worked. Nevertheless, some minor problems did exist. The one week set aside for special projects was relatively unsuccessful, the two pairs of students who had worked in health education sites which the health fair did not visit had mixed experiences, and our work doing medical testing in Bumpass Cove--while helpful to the community--raised questions of students' competence to deal with technical issues of environmental health.

It was out of these experiences and observations that we made our first decisions of the year. With little hesitation, we decided that we would continue to do health fairs. Health fairs serve an important function in that they generate community interest in local health issues and one's own personal health as well as catalyze communities to develop and control community health facilities. The Coalition's record of such motivation is clear and impressive. Health fairs also fit well the needs of students desiring an experience in rural community health. In order to provide greater variety of student experience we aimed at having more and more varied special projects that existed in 1979-80 and hoped for a greater emphasis on having students work with groups doing community organizing of long term significance to the region.

Site Section:

Our belief in the need to tie the Coalition to long term organizing in the region and general community activism led to our first priorities for site selection. We were interested, not so much in areas of greatest medical need, or with the ability to support a new primary health care center, but rather in places where local people showed the greatest drive and impetus, to improve the quality of life in their communities. History has shown that the key determinant in the success of local health councils in moving

beyond the health fair to solve long standing community problems is not medical need but the quality, interest and sophistication of local leadership. Where the health council has had goals and is willing to work hard, the health fairs have been a tremendous impetus to action, whereas when this has not been the case, the results have been mediocre.

In looking for communities with strong leadership we were also extremely cognizant of our need to meet the commitments we make to communities. The Coalition in the past has been somewhat weak in following up on projects we had helped initiate during summers. At times, a lack of extensive contact was the communities preference as they wanted to work as independently and autonomously as possible, but at other times our lack of resources and distance from many community groups was a problem and community resentment resulted. One of the co-directors had spent at least 50% of his time in Bumpass Cove throughout the fall of 1980--and that was exciting and productive, but it also is true that there was no way the co-directors could have spent that much time in all three communities. In looking for communities, then, we were looking for places where either 1) the issues were clearly enough defined so that the community group could be far along by the end of the summer that extensive follow-up would not be needed, or 2) that there would be other resources besides those of the Center for Health Services available to supplement our follow-up efforts.

Over the course of the fall these priorities for how we were going to conduct our summer and select sites solidified and strengthened. Through observation, discussion with community members and Center for Health Services staff and board members, other criteria also arose, however. In particular, we developed three other considerations for site selection besides those mentioned previously. They were:

1. Clinic Development - Clinic development has been the Student Health Coalition's bread and butter issue for many years. Clinic Development is an issue that builds intensive community support and many clinic efforts have led to expensive community development activities and long term change. Federal support has made clinic development possible in many extremely poor areas and Tennessee has become among the nation's leaders in rural primary health care. By last fall, however, it was apparent that changes were coming. Cuts in the National Health Service Corps and the Rural Health Initiative programs were destined shortly to make it far more difficult for new clinics to start. For many communities who were seeking such clinics, it was now or never. We felt that we had a commitment to help those communities build their clinics while some funding was still available.

2. Support for Existing Clinic Efforts - With the dawn of Reaganism, many of the community health clinics spawned by previous Center for Health Services efforts have been threatened. While the financial crises facing these projects are often beyond our ability to solve, we do believe that we should assist wherever and whenever possible. In looking at health fair and special project sites, we felt that a priority must be placed on working with health clinics and councils we had previously assisted.

3. West Tennessee - Since the West Tennessee Student Health Coalition folded in 1975, most of the Center for Health Services attention has been focused on the mountain areas of Appalachia. Similarly, most of the attention of other regional health and community organizations concneted with clinic development has been focused east. In order to redress this inequality we decided to extensively search for sites in West Tennessee. The flat farmlands and sharecroppers' shacks of the Tennessee River banks may lack the romance of the mountains and hillbillies of Appalachia, but the health problems are no less severe.

It was these considerations which ultimately determined our choices for sites.



During the fall and winter, Mary and Hank visited eleven prospective sites for Coalition activities. Seven of these were in Kentucky: Wallins Creek, Harlan County, Martin County (Beauty and Lovely), Feds Creek, Phelps, Guthrie, and Mud Creek. Four were in Tennessee: Sewart County, Carroll County, Ripley, and the Northwest Tennessee region. Hurley is located in Virginia. Site visits indicated that Ripley and Hurley had serious problems of financial access and board mismanagement that were not solvable given our limited skills. Phelps has an existing clinic and was not judged to have extensive need. Martin County was deeply involved in community organizing around other issues. Guthrie, a health fair site in 1980, was progressing well on its own, with the support of the Tennessee Association of Primary Health Care Centers. Feds Creek, Carroll County, Stewart County, Northwest Tennessee, Mud Creek, Wallins Creek and Harlan County were strongly considered, and the first three were ultimately selected as health fair sites; Northwest Tennessee and Mud Creek for special projects. Feds Creek was a clinic development site with strong community leadership, a population large enough to easily support a clinic and a clear commitment from the Eastern Kentucky Health Systems Agency to provide extensive follow-up. Wallins Creek, in some ways a similar site, lacked the commitment of the Eastern Kentucky Health Systems Agency, had a smaller population, and had not worked productively with the Student Health Coalition since a health fair in 1979. Stewart County, the most serious health manpower shortage area in middle Tennessee, showed extremely strong community leadership, clinic development prospects, and a good possibility for follow-up due to its proximity to Nashville. Carroll County was a West Tennessee site with a predominantly black population, a very active local community organizing group with a strong track record, and an interest in economic as well as health issues.

Mud Creek and Northwest Tennessee were selected as special projects for very different reasons. Mud Creek, a clinic started with the help of the SHC in 1971, is perhaps the Appalachian clinic most tied to long-term community organizing, especially around black lung and anti-strip mine issues. Their proposal to us to have two students work on a black lung education program appeared feasible and important to the clinic. Furthermore, it would expose students to Eula Hall, one of the most dynamic women in the mountains. Northwest Tennessee is the one region of the mid-South where the Center for Health Services has not worked extensively. Nevertheless, a friend of the Center, Roy Herron, has relocated in the area and asked for two students to begin to network activists and research the environmental problems of Reelfoot Lake and Dyersburg. We believed that such research was necessary in order to legitimate further efforts.

The selected and unselected sites strengths and weaknesses in terms of our criteria for site selection can be seen in reference to the following chart:

	Strong Local Leader- ship	Potential for Strong Local Leadership	Potential for Clinic Develop- ment	Support for Existing Clinic Efforts	Located in West Tennes- see	Is the Site Near Other Potential Sites (Special Projects Only)	Total Score	Selected or Not Selected
Feds Creek	X	X	X				3	Selected
Carroll County	X	X			X		3	Selected
Stewart County	X		X		X		3	Selected
Wallins Creek		X					1	Not Selected
Harlan County		X					1	Not Selected
Northwest Tennessee	X	X			X	X	4	Selected
Mud Creek	X	X		X		X	4	Selected

HEALTH FAIR SITES

Feds Creek

Location: Eastern Pike County, 10 miles from the intersection of Kentucky, Virginia, and West Virginia. County population: 90,000. Population of service area: 6,000. Percentage of county black: 1%. Leading employers: Coal mining and coal mining subsidiaries. Percentage of population unemployed: 8%. Number of physicians in the county: Distance from service area to nearest physician: 21 miles. Federally designated health manpower shortage areas: yes. Active local social services: volunteer fire department, churches.

We first saw Feds Creek, Kentucky, our first health fair site of the summer, on a cold day in mid-January. Upon the advice of the East Kentucky Health Systems Agency, we set out from Lexington and travelled 200 miles through the mountains to see the community. Lacking any formal appointments, we hung out at the local restaurant, the Viking Grill, and spoke with a man who had lived there most of his life. He told us that the last doctor to practice there was a coal company physician who left in 1952. Since then, the Feds Creek area has been without health providers. The nearest hospital is at least 45 minutes away, and the public health department is the same.

Geographically, Feds Creek appealed to us: it rests peacefully between the mountains, the creek winds alongside the road, and the "hollers" stretched for miles into the mountains. Just passing through gave us a sense of community.

The next visit was in March. Mary met with Doug Pugh, Guy Miller, and Bill Chafin. Doug had been interested in getting a local doctor and had contacted the Eastern Kentucky Health Systems agency for assistance. Mary told them about the Coalition--the students, the health fair, the community organizers. They spoke of their situation--the need for a local health care facility, the long trips to the closest hospital, the frustration of being so far from the county seat.

After a few hours, we decided that a community meeting was in order. At the meeting, Nancy Helton O'Neil of EKHSA would talk about doing a needs assessment survey to ascertain the feasibility of clinic development, Hank and Mary would explain the Coalition, and community people would discuss local health issues and decide whether a health fair could help them in their endeavors. About 60 people responded enthusiastically to our initiative. When 100 people arrived at a meeting three weeks later, we decided to hold a health fair. Unfortunately, some problems did develop between this meeting and the end of the summer. Foremost among these problems was the United Mine Workers coal strike in April and May. The strike deflected attention from the upcoming health fair and the strike's financial burden made families hesitant to house students. Despite

these setbacks, our initial view that Feds Creek was an ideal health fair site remained strong. Deep in Appalachia, rich in tradition, and tied to the coal industry, the area is in severe need of improved medical care.

Partially due to the Coalition's decision to have Karin Mahoney and Ralph McKay, the two community organizers, arrive in Feds Creek only a week before the health fair, the Coalition's greeting in Feds Creek was tempered. The school where the health fair was to be held was dirty, a large number of people did not show up for appointments the first week, and housing for males was found in trailers and campers instead of homes.

This initial coldness of the Feds Creek community was resented by some of the Coalitioners who, fresh from orientation, expected to be welcomed with open arms. They were annoyed by the community's suspicion and the need to conform to community values. For some students who did not live with families, this anger continued throughout the two weeks. As one student said:

Feds Creek was an awkward start for the summer. The community support seemed to be minimal and housing was worse. For the entire two weeks, all I wanted to do was leave.

Most Coalitioners, however, adapted to the situation and worked to alleviate obvious problems. The lack of medical attention was apparent in many of the Feds Creek patients, the lack of coordinated social services left many in need, and the health fair team saw the benefit of the direct services they offered. Community outreach and mobilization also was integral to the Health Fair. A door knocking campaign brought Coalitioners together with the forgotten people up the mountain "hollers" and unearthed a major reservoir of good feeling for our work. As an examiner said:

Door knocking is an extremely effective two-way exchange of experience and information. Because of this, I feel that it is the most important function of the Coalition in a community. I never ceased to be amazed at how friendly and eager people were.

--Mark Werner

As community people began to volunteer at the health fair, relations improved and the differences between Coalitioners and community members became sources of wonder rather than division. As one Coalitioner wrote:

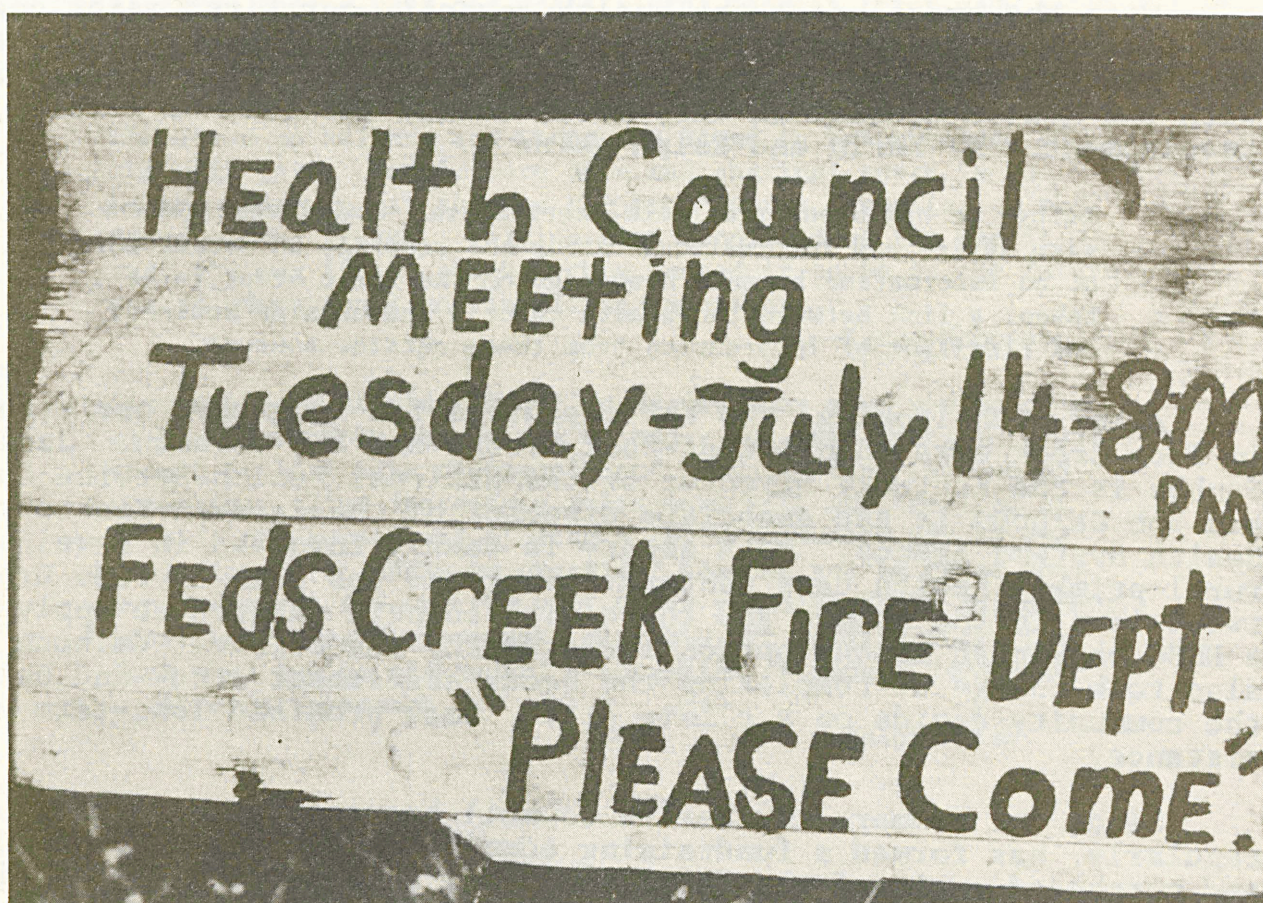
Feds Creek residents had such a different way of life from me, but one filled with pride and beauty all its own. And I appreciated that difference just as I oddly appreciated boiling water at night for my bath or walking through mud to get to the road after a large rainfall.

The bluegrass concert that the community sponsored for us at the conclusion of the health fair was a joyous occasion, and showed that true warmth had developed between the Feds Creek community and the Appalachian Student Health Coalition. Over 520 people received well-

regarded physicals at the Feds Creek health fair, and hundreds more were reached through door-knocking. By the end of the health fair, there was a waiting list of 120 patients.

As an organizing site, Feds Creek was very successful. Citizens had been searching for a way to bring greater medical services into the community for some time and the EKHSA survey involved a group of community people in the data gathering.

After the health fair ended, the Coalition organizers started to develop a health council and collect information and resources for the council to use in developing their clinic. The catchment area of the proposed clinic was defined in the EKHSA survey was not only Feds Creek but two other communities as well--Mouthcard and Grapevine. Since Mouthcard and Grapevine had not been heavily involved in the planning of the health fair, integrating residents of these areas into the health council was a major task. In order to find interested individuals, lists of patients from the health fair were used and ministers were called. A first health council meeting was called for ten days after the end of the health fair.



The meeting was a success. Thirty-five people attended and Feds Creek and Mouthcard were well represented. Several people asked specific questions concerning the possible structure of the health council and the preliminary steps to be taken. A second meeting was called to elect officers.

During the week between the first meeting and the second, Karin and Ralph spent most of their time meeting with people--both those who attended the first meeting and people named as good prospects for officers. They started to take less responsibility for publicity and had community people distribute flyers and make posters.

Seventy-five people attended the second meeting. People were committed to equal representation from all three communities and an organizational structure was designed to fit that need. Officers were split between communities and consisted of president, two vice-presidents, secretary, assistant secretary, treasurer, assistant treasurer, and three publicity chairs. Many of those elected admitted having been initially skeptical about the possibilities for clinic development and the health fair. Their growing desire to serve and work was a tremendous credit to the perseverance of the few dedicated volunteers who made the Feds Creek health fair a possibility.

With the creation of the health council, our first major goal for the summer was accomplished. The second key activity lay ahead. That was the development of a team of resource people who could work with the health council as they moved toward the goal of clinic development. As Karin and Ralph said:

Before we had been organizers, motivators, semi-investigators with advice and information; after the meeting, we became more of an information bureau, knowledge on the first steps to be taken, a link between the health council and outside sources; and clarifier of information from these outside sources.

After much looking, two key resources for long-term assistance in Feds Creek were identified--Jack Stubbs and Bob Calhoun. Jack Stubbs is the Kentucky Director of the National Health Service Corps and Bob Calhoun is the associate director of the Eastern Kentucky Health Systems Agency. Each agency is deeply involved in developing rural primary health care centers. Jack and Bob came to Feds Creek twice late in the summer and the health council decided to apply for a NHSC physician as one option for staffing the clinic. Calhoun also took charge of completing the needs assessment study and helping the community decide on a clinic site. Each promised long-term assistance.

Since the summer, the health council has continued to meet regularly, has formed a fundraising committee, set plans for a building, and purchased a site for a facility. They have decided that their clinic should be a sliding scale non-profit venture governed by a board of directors of community residents. Most of their fundraising activities at present are directed at local coal companies, the primary source of wealth in eastern Pike County. Bob Calhoun has continued to provide regular assistance and the Center has been able to help the health council expand its base in the community and develop in-

novative ways to gain corporate contributions. Some of the problems which caused the health fair to get off to a slow start remain. Power is highly centralized in the president and vice-president of the health council and representation could be greater among the poorer members of the community. Nevertheless, the Tri-Communities Health Council is working actively and pursuing local corporate contributions in blazing a new path toward clinic development. Few communities in recent years have moved so quickly or so efficiently toward clinic development.

"My first impressions of Feds Creek were very powerful and emotionally exhausting. I had never thought of coal mining before. Coal was everywhere. Coal trucks, coal trains, coal mines and coal miners. Black lung, disabled miners, little boys who wanted to grow up to be just like their "Paws", children who didn't want to mine or be married to it faced with the decision to leave their family and community. Coal was king. The discrepancy between those who had and those who lived as they always had was striking, and at first made me very angry."

"I learned a lot from the people who were there, both those who lived up hollers and those who lived in brick houses on the main road. People were open and sharing; there is no better place to sit than on the front porch listening to the sound of the creeks. Talking with people about the way it was, the way it is, and how they wanted it to be in the future was an educational and inspiring experience."

--Karen Mahoney

"Looking back it's difficult to assess what good you've done or how lasting an impact you've made, but just being interested enough to live with the people and learning from them means something. I've learned to relax more with expectations of myself, the summer and of others (both community people and coalitioners). Being an organizer teaches you to trust your own judgement (as it's the only thing you have to go on) accept constructive criticism, make mistakes, or realize after the fact when you've mishandled a situation or should have used a different approach."

--Ralph McKay

Stewart County

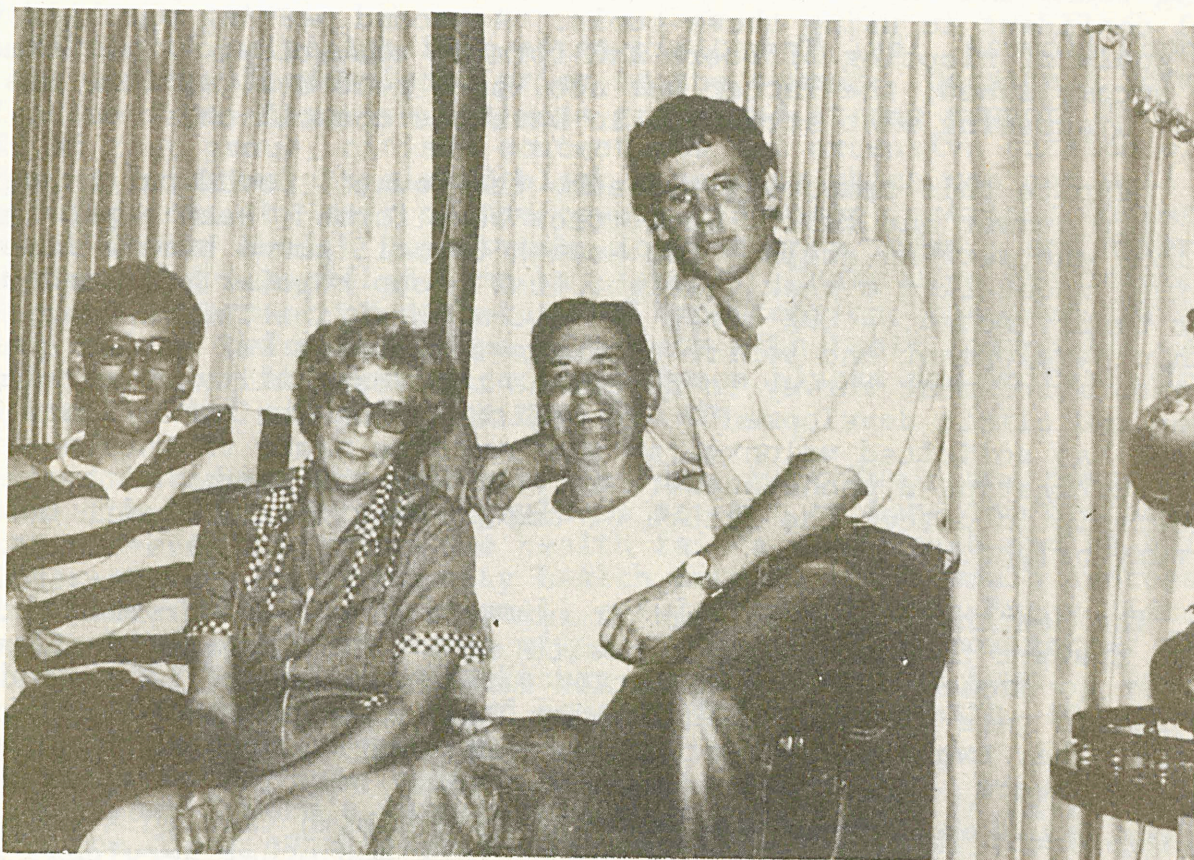
Location: 75 miles northwest of Nashville, immediately south of Land Between the Lakes and west of Fort Campbell. County population: 10,000. Population of service area: 4,000. Percentage of county black: 2%. Leading employers: textiles, farming, government, industrial enterprises in Clarksville. Percentage of population unemployed: 26%. Number of physicians in the county: 1. Distance from service area to nearest physician: 12 miles. Federally designated Health Manpower Shortage Area: Yes. Active local social services: Public Health Department, Volunteer Fire Department, Bumpass Mills Community Center.

Stewart County was the most unusual of 1981's three health sites. Located in Middle Tennessee and rather homogeneously lower-to-middle class white, Stewart County lacks the extremes of wealth which characterize much of Appalachia. The County has a large elderly population and had been severely and negatively impacted by the growth of Fort Campbell, a major army base, and the development of the Land Between the Lakes recreation area. Our service area was the communities in the northern part of the county, primarily Big Rock, Bumpass Mills, and Indian Mound.

Pre-summer activities made apparent both the problems and promise of Stewart County. On the positive side, people were open and friendly, the county had only one doctor, and a very active health fair committee had easily completed all necessary community tasks at least six weeks before the health fair. Nevertheless, problems existed. The health fair committee, was made up almost entirely of Big Rock residents, there was comparatively little sense of long range goals for the health fair, and people in the county had no history of collective action to solve community problems. In order for Stewart County to be a successful site, issues needed to be identified, leadership developed, and representation broadened.

The Coalition organizers, Susan Hellerstein and Sharman Howe, arrived two weeks before the health fair and quickly found themselves asking the question, "What is a community organizer supposed to do?" Since health needs had not been clarified, and more people needed to be involved, that is what their efforts centered on. A lot of time was spent door-knocking in all three communities, meeting with folks already involved in the health fair committee, publicizing the fair, and seeking community groups (Senior Citizens, Historical Society, Red Cross, etc...) to set up booths at the fair. Susan and Sharman found people friendly but confused about the health fair and what they were doing. Explanations sometimes helped and sometimes didn't. Generally people understood that a direct service was being offered but not that this was a means to catalize community efforts to improve health care. Then the health fair came. People who could not formerly visualize what a health fair was saw the benefits. Word of the health fair quickly spread throughout the county and by the end of the fair there was a waiting list of 120 people. Community folks who had been lukewarm to the idea of a health council and future projects smiled when they saw Susan and Sharmon and volunteered ideas on possible projects for the council. People from all three communities were brought to the common health fair site, and became

excited about what the health fair committee had accomplished. The committee itself was amazed at the project they had pulled together. As the chairperson Mildred George said, "It was the biggest project every organized in North Stewart County." To say the least--the health fair was a success.



Then the Student Health Coalition left and the energy generated from the last two weeks had to be maintained. A weight loss group, begun by the Coalition, was carried on by the health council and continued to meet every Monday night throughout the summer and fall. In addition, a major community meeting was scheduled. The Health Fair Committee decided to disband and reform with the new title of Health Council. Their initial meeting was mostly an informational and recruiting effort to get as many people involved as possible. Community folks ran the meeting and both the health council and the community organizers left the meeting optimistic. Health education, clinic development, and Senior Citizen Services (initiated by a desire to build a North Stewart Nursing Home) were identified as the three central issues, and the attendance of 60 people included several new faces from all three communities.

With the beginning of an organizational structure for the group, the Coalition began to see its role in Stewart County differently. Community leadership had arisen and set their priorities. Our role was to support them and to present information. Susan and Sharman started working on technical research. They followed upon leads about the rumors of building a nursing home in Paris, met with the county judge and Dr. Lee (the one MD in the county), and established contacts for other Senior Citizens Services (meals on wheels, home maintenance programs, etc...). The tools for future action were being found and what needed to be done was for community folks to feel confident in using these tools. A second meeting was held with the goals of electing officers and forming committees. The former was accomplished, the latter was not, as a good deal of time was spent discussing what structure to base the council on.

Despite this temporary setback, the Council moved on throughout the late summer and fall. Committees were formed, each exploring options and setting goals. The Health Council group became immediately active, sponsoring a weekly weight loss group regularly attended by over twenty women, a CPR class and a ten hour first aid course. The clinic development and senior citizens committees set out to conduct a needs assessment survey to determine the feasibility of nursing homes and clinic development. In addition, the Senior Citizens committee has solicited volunteers to distribute meals on wheels and is investigating a phone network to check on the aged. With excellent leadership in place, the future of the Stewart County Health Council is very bright.

The health fair in Stewart County was successful in mobilizing North Stewart to improve their health care. The success of the site did not go unquestioned by Coalition members; however. The need for new health care facilities in Stewart County was not as glaring as in the other two sites. Most people had seen a doctor within the past few years. And the extremes of poverty were not as apparent as in Feds Creek or Carroll County. Why do a health fair in a basically healthy community with a shortage of doctors and other services, asked many? The controversy raged within the Coalition for much of the summer and raised a series of important questions. Few coalitioners disagreed that there were serious problems of senior citizens' services in the county, and that access to primary care was not the best, but does this justify the use of twenty professional students trained in screening for physical problems? Ultimately, the most common answer given was that yes, such a use is justified, but a one week health fair rather than a two week. Health fairs are excellent organizing tools and help people identify their needs, but without an obvious medical need, certain Coalition members may well be bored at times. Perhaps, this conflict is an indication of a prospective Coalition students need to understand more fully before the summer. The presence of sick, poor people simply does not make a health fair successful. A growing desire by community residents to improve life in their community does.

Carroll County

Location: On I-40 approximately 100 miles due west of Nashville. County population: 27,000. Population of service area: 4,000. Percentage of county black: 13%. Leading employers: farming, textiles, government--no dominant industry. Percentage of population unemployed: 12.5%. Number of physicians in the county: 12. Distance from service area to nearest physician: 10 miles. Federally designated Health Manpower Shortage Area: No. Active local social services: Retired Senior Volunteer Program, Public Health Department, Jonah (primarily in county seat).

Of the three health fair sites visited in 1981, Carroll County was the least well developed prior to the summer. Despite a formal invitation from an active citizens group and strong support from the staff of that group, citizen contact was not extensive outside of Smyrna, a relatively isolated black community which was not well integrated into the rest of the county. However, previous contact with the County Health Department, local county judge, and several physicians had identified some key issues. These were the identification and treatment of diabetes and hypertension, the need for a buying club to help low-income residents with their food bills, and greater contacts and communication between blacks and whites. These were the initial goals of the health fair.

Upon entering the community in June, Matt Kumin and Edward McEachern, the two community organizers set out to make the professional contacts needed to insure the health fair's acceptance and to build an inter-racial, tri-community health council which would address health concerns. They held small regular meetings in Buena Vista, a small white community seven miles to the south approximately five miles east of Smyrna and Clarksburg, an incorporated town. They quickly and successfully found housing for the students, and recruited four local doctors to precept.

Matt and Edward's investigation of health care in Carroll County led to the clear conclusion that this was not a traditional clinic development site. There were twelve doctors in the county, two clinics, a hospital, and a public health department. Residents did, however, have significant complaints about the price and quality of the health care provided. The social service structure in Carroll County is highly bureaucratic, and does not work as effectively as possible. The service agencies that do exist are characterized by a lack of community coordination. One of the clinics also earns its share of criticism. The Wilson clinic has no appointment system and people come between 7 and 9 A.M. to sign up and then wait, often for three to five hours before being seen by a physician. Education and information are also problems as many folks are not aware of what services are offered or how to take advantage of them.

By the time the health fair arrived, Matt and Edward had successfully developed an inter-racial health council and brought the three communities closer together. They held a community-wide health council meeting during the second week of the health fair which over one hundred people attended. This meeting was an important

event for students as well as the community. To see one's patients in the context of a community meeting, as people with strong concerns for the community as whole, is an impressive sight. Community meetings allow us all to see the driving forces behind people and the energy which the health fair has helped to spark. Such events often "sum up" why which we chose to spend the summer the way we did.

After this meeting, a steering committee was formed to plan the structure of the health council, set specific long term goals, and plan a series of health education classes. Interest in a small health clinic for the Clarksburg area arose along with local citizen volunteers to procure a site for a facility.



The health fair, the third of the summer for the Coalition, ran smoothly and successfully, stirring up interest and excitement in health and the new health council. The medical team saw about 480 people, many of whom benefitted from the medical attention. The county Retired Senior Citizens Volunteer Program and the vocational school allied health program supplied numerous excellent volunteers, local doctors precepted and medical examiners held a well attended hypertension class during the fair and a quit smoking and diabetes class during the follow-up week. Another examiner helped extend a previously existing Clarksburg weight loss group to include people from Smyrna and Buena Vista.

After the health fair, the Coalition worked with the leadership of the health council to begin working on their health concerns. They coordinated an advisory committee to aid the health council which included the director of the Retired Senior Citizens Volunteer Program, the nutritionist, and members of the Business and Professional Women's Club. With the results of a survey taken during the health fair, the health council selected several topics for adult health education classes in the fall. They soon discovered that there is money available for adult education classes and scheduled a full series of classes. These are being coordinated by students in the allied health curriculum of the local vocational school. In addition the original goal of a food cooperative resurfaced late in the summer as groups from several different communities began to meet and plan. With JONAH hiring a full time staff person to help with the development of buying clubs, continued progress is likely and purchases are slated to begin in November.

Despite the achievements of the Carroll County Health Council, their future as an institution is uncertain, however. Meeting attendance is high but most of the leadership is also committed to other community projects. The two education projects are worthwhile but they may not galvanize grassroots community interest. Clinic development, while a top priority of the community, is likely to be economically unfeasible.

The good projects and feeling which the health council has generated will continue, however. Institutions serving both young and old were strengthened. The economic incentives of collective food buying should keep folks together and the use of vocational school students in community educational programs is an important innovation.

In addition, Carroll County was the favorite site of the summer for the majority of Coalitioners. The growing racial closeness was often commented upon by students. The Carroll County Health Fair was a total community event in a way few projects are. Local doctors precepted, many organizations set up displays and all ages and communities participated.

Students were also touched by the immense generosity of the Smyrna community. The people are poor, but they opened their hearts and gave what they had. Basketball and hayrides were common post-health fair day activities. As two students said:

"Smyrna! Not enough could be said about the wonderful experience I had there. In spite of past, bad, racial experiences, the folks in Smyrna opened their homes and hearts to us. They made it so easy to become part of their families and their community.

"For the first time in my life, I saw what life was like for those who are poor, for those who find it difficult just to make ends meet. At first it seemed amazing that these financial worries did not stop the people in Smyrna from housing and feeding us. Soon I learned though that they might have been poor financially but they were rich spiritually. They had so much compassion and kindness for their relatives and fellow man, with so much love around, all their other worries were manageable."

--Julie Remond

"I am very glad that I had the opportunity to live with a black family. They were very poor as he was only making minimum wage and she didn't work. however, I found that what they lacked in material goods they by far made up for in their kindness and warmth. By the end of my stay I had realized that they were indeed very rich. It was wonderful how a family that had so little could at the same time have so much."

--Denise Turgeon

SPECIAL PROJECT SITES

Mud Creek

From the beginning, Mud Creek was one of our favorite projects of the summer. The Mud Creek Health Clinic is perhaps the clinic that best typifies problems of health care in Eastern Kentucky. Miles from the nearest provider, in an area with a high percentage of very poor people and burdened with environmental problems, the Mud Creek area was totally without health care until the development of the clinic in 1972. This clinic grew out of the efforts of the East Kentucky Welfare Rights Organization and the work of Eula Hall, a local woman of extraordinary skills. The Coalition was also of assistance, providing a health fair the year before the clinic opened. The Center for Health Services has maintained close contact with the Mud Creek clinic ever since.

Early in April, Eula Hall called the Center for Health Services and requested two students to work on a black lung education program which the clinic was beginning to initiate. The program would train friends and family of black lung victims in home skills and physical manipulations which would help victims better deal with their conditions. A visit to Mud Creek a few weeks later solidified this project and added a second component. This was the conducting of an environmental health survey in the Mud Creek service area, analyzing problems of water quality and sewage disposal. It was decided that the clinic staff and Eula Hall in particular, would have primary responsibility for supervising the students.

On June 14th, Jon Weizenbaum and Jeff Peisner arrived in the community. Since the co-director's last visit, much had changed. The Mac Mining company had applied for a permit to strip mine the ridgeline above the clinic, threatening landslides and flooding. The clinic staff and board of directors decided to fight this action. Helping in this fight became the students' top priority.

In the state of Kentucky, no land can be strip mined until a permit application has been filed with the state. Public notification has been made, a public hearing held, and a permit issued by the state. The Mud Creek residents decided to make their stand at the public hearing. They retained David Rubenstein, a Legal Services attorney with the Appalachian Research and Defense Fund in Prestonburg to defend their interests. Jon and Jeff's role was to assist David in interviewing residents, collecting information and preparing people to testify at the hearing. This work took several weeks. They interviewed everyone living in the Mink Branch where the clinic was located, helped Eula organize three community meetings and made plans for transportation to Frankfort where the hearing was to be held.

The hearing took place over two days, June 30 and July 1. Fifteen protesting residents made the three hour trip, over half of them testifying at the hearing the first day. In the wake of consistently negative testimony, Mac Mining withdrew their permit application for the Mink Branch. This represented a tremendous victory in a state where coal interests dominate.

This task completed, Jon and Jeff began work on the two projects initially outlined, both of which were successfully completed by the end of the summer. Jon and Jeff visited over 175 respiratory patients, telling them about the new program at the clinic and analyzing their condition. The environmental survey they conducted is appended. In addition they assisted in the development of a videotape on the political economy of the rural primary health care center, a videotape produced jointly by the Student Health Coalition and the Media Project. The clinic staff, the community, and Jon and Jeff were all very happy with the results of the summer.

"I'm proud to say that I came back home having made at least half a dozen good friends, that I was sad to have to leave. I am convinced that the so called 'barriers' of social and cultural differences cannot prevent a person from making the basic connection of human love and friendship."

--Jon Weizenbaum

"Lastly, I want to say that I am very impressed and grateful for the confidence that Hank and Mary placed in Jeff and I, as well as the people at the clinic. Because they allowed us to be flexible in setting our priorities (e.g. the strip mine issue) and our goals, I think that we strengthened the clinic and make a positive contribution to the Mud Creek community. I am proud to have been associated with the Coalition and I hope to remain so in the future."

--Jeff Peisner

Northwest Tennessee

The Northwest Tennessee project was planned as a joint activity between the Student Environmental Health Project and the Coalition. Initiated at the suggestion of Ray Herron, an attorney and minister in the area, the project was to lay the foundation for further work in the five-county region surrounding Reelfoot Lake. Our goals were primarily speculative; to research the environmental and health care problems, produce a full report on these issues, and identify individuals committed to working to improve conditions. The next step, which we saw taking place during the fall, was to bring these people together and form an organization.

Despite considerable preliminary work, the Northwest Tennessee project was a disappointment. Due to the resignation of a staff member (our only casualty of the summer), we were forced to reduce the project from ten to two weeks. Much of the research on the problems got done and a report written, but the extensive networking of individuals remained unfinished. Furthermore, it was deduced that although considerable environmental problems may exist around Reelfoot Lake (siltation) and Dyersburg (pesticide abuse), both problems are relatively intractable and difficult to organize around.

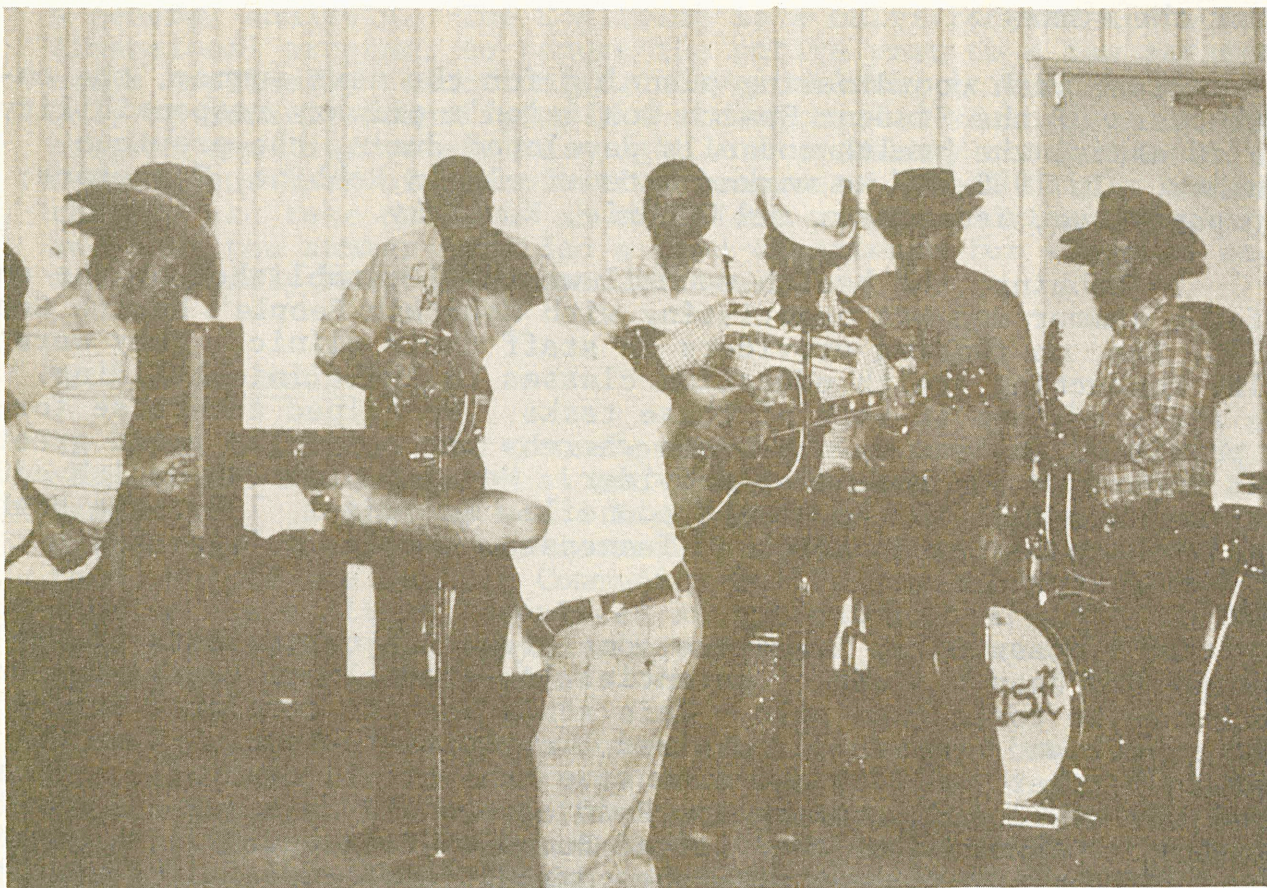
YEAR-ROUND ACTIVITIES

It was early in September when students started contacting us for information on the Coalition. At first, the mere thought of people already interested in the not-yet created 1981 Coalition was a bit overwhelming. Consistently though, it was exciting for us--students were actually going to be interested in the Appalachian Student Health Coalition for the coming summer--it was one of the first signs of something materializing.

Throughout the year, the co-directors met with past Coalitioners about recruitment. In the fall they showed a video tape of the Health Fair to medical and nursing students. They spoke at meetings and arranged Coalition get togethers and inspired their class-mates to participate in the program.

Much time and energy during the winter was dedicated to recruiting students. Plans for "Appalachian Week" were also finalized. A yearly event, this week was devoted to exposing the Vanderbilt community to the issues, culture and people of Appalachia. Besides lectures on land issues, strip-mining,

toxic dumps and health care, there was a square dance, concert and the showing the the film "Harlan County, USA". The attendance for all events was surprisingly high and we succeeded in our goal of sensitizing the Vanderbilt Community to some of the social and political realities of life in the rural South.



We kept past and prospective participants informed of Coalition events and plans for the summer through occasional newsletters and flyers. Frequent pot luck suppers, especially during the Spring, were well attended and provided an informal time for folks to get to know each other. They were usually followed by update meetings on progress on summer plans.

A very positive element of student activities was the retreat to Standing Stone State Park one spring weekend. It was a welcomed relief for all and a good time to become acquainted and discuss summer ideas, expectations, etc. The night at the park was followed by a short trip to Petros, Tennessee, where J. W. Bradley took us on a long and fascinating hike through a strip mine.

The physical assessment course, designed each year by past Coalition medical and nursing students, is required for the students who want to be medical examiners during the summer. The Physical Assessment course for 1981 was designed primarily by Charlie Cochran and at each weekly session, faculty and old Coalitioners would teach the rudiments of physical diagnosis. The Physical Assessment Course is a good example of student efforts to insure the Coalition's continuity and is a necessary step to insure that medical examiners are adequately trained for the summer.

Along with coordinating planning for the next summer, the co-directors of the Student Health Coalition's primary responsibility is to assist the health councils developed during the previous summer. In 1980-81, we worked extensively in Robbins, Tennessee; Bumpass Cove, Tennessee; and Guthrie, Kentucky.

In Robbins, the health council was well established by the end of the summer and was negotiating with Mountain People's Health Councils, Inc. on funding providers to staff their clinic. They were also conducting health education classes in the clinic building. We assisted them in both of these tasks. We helped advertise for a physician and set up a process whereby the community would greet and interview any potential provider. We also provided health education materials to the health council. On June 1, 1981, the Highland Health Center in Robbins, Tennessee, opened, culminating a six-year struggle.

In Bumpass Cove, Tennessee, one of our major projects of the summer had been a study of potential low-grade liver damage due to exposure to toxic chemicals. This study was not completed during the summer and completion required two visits to Bumpass Cove (to obtain further samples) and extensive analysis in Nashville. This analysis was coordinated by Tom Rand, a medical examiner and MD-PhD student at Vanderbilt. We visited Bumpass Cove regularly in November and December to meet with the community and explain the results of the study on both an individual and a community basis. The results, while inconclusive, did clarify the issues of where contamination had and had not occurred.

Guthrie, Kentucky, had progressed quickly through the summer. Due to the extensive support provided by the Tennessee Association of Primary Health Care Centers, with whom we had coordinated efforts since the beginning, and the placement of a VISTA worker in the community through the Center for Health Services, our formal role during the year was limited. We did, however lend support and assistance to their fund-raising efforts. Ten Coalitioners rode in the Guthrie bike-a-thon and one of the co-directors helped plan a fundraising campaign. Ann McKenna, the VISTA volunteer, continued many of the projects begun during the summer. These included health education and exercise classes, a Taking Off Pounds Sensibly group, and a transportation system to help people get to medical care.

CONCLUSIONS

One of the most difficult tasks of any Coalition is to evaluate the project, to draw conclusions, to sum up and to reach a general analysis. The Coalition is a multi-faceted and multi-dimensional program, to reduce the entire year to a few paragraphs seems hopelessly reductionist. Nevertheless, it must be done. Only by tersely identifying the strengths and weaknesses of the program can improvement be sought and necessary changes made. Despite our lack of quantitative measures, I feel fairly certain that we can take pride in an excellent program during the year and that the summer provided a good experience for students and was extremely helpful to communities.

Year-round Activities

The Coalition year-round program consists of follow-up in communities and educational and group development activities at Vanderbilt. Follow-up was a highlight of this year's program. We worked with the Tennessee Association of Primary Health Care Centers, helped the Guthrie Community Health Council move closer to opening their clinic, completed an epidemiological study in Bumpas Cove, Tennessee, and played a key role in ensuring that Robbins, Tennessee, gained a provider.

Educational and group development activities were also successful. Appalachian Week was well advertised and attended and measureably reached a significant segment of the Vanderbilt community. Most importantly, perhaps, Appalachian Week was a group effort in production. Eight to twelve members of the 1981 Coalition took full responsibility for planning and implementing the program throughout the year. The commitment of the 1981 Coalitioners was extraordinary. They did student recruitment and selection, conducted the PA course and contributed extensively to the final report.

Efforts to draw new students into the daily workings of the Coalition were not as successful. Contact with Arts and Sciences students was limited throughout the year and many of the potential 1982 summer Coalitioners were hesitant to commit themselves prior to our ensuring summer employment. In retrospect, our recruitment policy undoubtedly contributed to this feeling. We stressed the summer activities, not the need to contribute during the fall and winter. Furthermore, some Coalition activities--especially those concerned with social and political issues in the Appalachian region may simply be of more interest to students once they have spent a summer in the mountains. New students were of immense help during the spring, however, and at all points during the year. There was a core group of 15-20 students who attended our bi-weekly potlucks and contributed enthusiastically.

Community Results

In the summer of 1982, the Student Health Coalition visited five communities. In all of these communities we left the local residents in a good position to improve life in their community. Our contribution was minimal in Northwest Tennessee, due to the nature of our project there. It was very substantial in the other four sites--especially Mud Creek and Feds Creek. Our presense allowed the Mud Creek Health clinic to successfully implement a new program of outreach and education to black lung patients and the Feds Creek Health Council became a strong organization and took major steps toward developing a primary health care center. Stewart and Carroll counties also moved many steps in positive directions. Stewart County formed a health council, developed significant leadership and set the stage for important further action. Carroll County developed a health education program and a food co-op.

To claim that our effect on communities was overwhelmingly positive is not to suggest that our planning or implementation was perfect. More preparation should have been done in Feds Creek and our efforts in Carroll County probably could have been more productive if they had been oriented toward a study of health problems in Smyrna and involved more cooperation with JONAH. Hindsight is always 20-20 however, and our planning and efforts did meet the needs of our communities. In each area our work was warmly praised and widely accepted.

Students

The most difficult part of any final report is to evaluate the quality of student experience. A preview of the student's final evaluations makes it clear that the vast majority of students felt they had a good time as well as a valuable learning experience. Beyond that it is difficult to make general statements.

The Coalition is a pluralist group, which consistently debates their collective purpose and personal commitments. This was an introspective and somewhat critical summer. Some students questioned the real value of health fairs and others found the routine of doing physical examinations unstimulating. In order to meet these objectives we innovated and established a procedure whereby two medical students a day would door-knock in the community and assist the community organizing. This process was generally judged to be successful but limited. Some students found the Coalition an extremely valuable but nevertheless a somewhat negative experience as they learned that rural did not always mean pretty, that rural primary care was not really their primary interest, and the pace of community change, while necessarily slow can also be frustrating to a student used to an urban academic schedule. These observations, while valuable, can also be painful. Throughout the summer there was an intense level of dialogue which was both draining and extremely interesting and stimulating.

No section on students is complete with at least some mention of management style. This year's co-directors worked very consciously to develop a sense of group identity and procedures for group decision making. With thirty students, some procedures are necessary and in general the move toward greater structure was positive. It was applied somewhat erratically, and a bit over-stringently, however. Job descriptions for staff proved to shackle and limit people rather than give them a clear idea of their task and the co-director may have placed too much pressure on students to correspond to community values. But then, like the participants in the projects, the co-directors are also testing their ideas and values. Given the level of intensity and the workload involved in a summer with the Student Health Coalition, the fact that almost everyone expressed happiness that they had participated and genuine warmth toward their co-workers is a remarkable achievement.

RECOMMENDATIONS

1. The Appalachian Student Health Coalition is a student project committed to student control and student decision making. The role of the co-directors is to guide the process of group decision, not to run the organization. We found that the key ingredient in group decision making was the development of a strong sense of group identity. This was best accomplished through pot luck dinners and retreats, not through committee meetings. Volunteers must be involved throughout the year in all phases of the activities. If this means a weaker or more inconsistent program in some ways, so be it. Students made the Coalition and have made it for twelve years. The greatest threat to the Coalition is institutionalization with the co-directors becoming staff at the Center for Health Services and the students summer employees.

2. The vast majority of the Student Health Coalition's community activities are oriented toward facilitating community development, not community organizing. Often, however, the Coalition's process of orientation, staff selection, and training has ignored this fact. Direct action techniques such as how to organize a demonstration or boycott are not very appropriate to the process of developing primary health care centers. Developing health clinics requires the ability to compromise, raise financial resources, and garner technical assistance. These are skills we need to teach.

3. While the Appalachian Student Health Coalition is based at Vanderbilt University, it should continue to serve students from throughout the country. We would suggest that the Coalition

strive to have both the health fair team and the community organizers represent about two-thirds Vanderbilt students and one-third outsiders. Preference to non-Vanderbilt students should be given to Southerners, or students attending school in the South. A mix of students helps to invigorate the group and keep the pool of ideas fresh and strong.

4. Just as the majority of students should come from Vanderbilt, it is important to strive to have Vanderbilt students or recent graduates as co-directors of the Coalition. Only two of the last eight co-directors of the Coalition have come from Vanderbilt. A long term continuation of this pattern is likely to weaken the program and reduce our visibility on campus. Advertising of the co-director's position around campus should be considered as should modifications in the Coalition's traditional style of selecting leadership.

5. The hiring process must be handled as carefully as possible. Traditionally, the Appalachian Student Health Coalition hiring has been loose, as the goal has been to build a core group during the year and later hire the folks who have done the most work. It does not seem that this method is adequate anymore, however. As early in the year as possible, decisions must be made and publicized about how many positions are open, how many are reserved for Vanderbilt students, what criteria will be used in selecting staff and who will make the decision. Hiring decisions are inevitably the most difficult decisions of the year, and they must be dealt with accordingly.

6. Community follow-up should be the co-director's primary responsibility throughout the year. If there is one area in which we have failed in the past it is follow-up and the time and distance do represent difficulties. Follow-up is essential, however, in order to maintain our commitments and to complete community mobilization activities.

7. Community health education, while an attractive concept, should not be the key ingredient in organizing efforts in local communities. Health education is bland to many people and the lack of health education classes is not a galvanizing issue which prevents improvement in the quality of peoples' lives. Despite years of Coalition effort, few communities have successfully built a long term sustained health education effort.

8. Given the financial realities of the times it is important that the Coalition develop a greater base of local support from Tennessee and Kentucky corporations, foundations, churches, and individuals. In addition, it may be necessary to think about ways in which the program can be operated at a lower cost.

9. Over the past five years the Coalition has increasingly broadly defined the activities of its members during the summer. This is to be encouraged. Organizationally, it is easier for

medical examiners to do nothing but see patients for ten weeks and for health educators to teach the same classes each week, but such a system does not provide these individuals with a broad introduction to community health. We need time set aside when medical students can help with community organizing projects and health educators can help do an exam.

10. The heart of the Coalition must remain innovation. During the past twelve years, students have changed, Appalachia has changed and primary health care in rural America has changed. The great danger is the Coalition will not keep step, that we will not find new issues to organize around besides developing new primary health centers. The only way to ensure not falling behind is to experiment, to do different things each summer, to keep trying new approaches.

APPENDIXES

SUMMER 1981 PARTICIPANTS

<u>Name</u>	<u>University</u>	<u>Coalition Position</u>
Sharman Howe	Brown University	Community Organizer
John Collins	Vanderbilt University	Medical Examiner
Karin Mahony	Harvard University	Community Organizer
Edward McEachern	Emory University	Community Organizer
Ralph McKay	Vanderbilt University	Community Organizer
Thomas M. Roesch	Vanderbilt University	Medical Examiner
Denise Turgeon	Vanderbilt University	Medical Examiner
Anne Kearny	Vanderbilt University	Medical Examiner
Mary Alice Jounson	Vanderbilt University	Medical Examiner
Steve Hunt	Vanderbilt University	Medical Examiner
Rolf Meinhold	Vanderbilt University	Medical Examiner
Debbie Van Horn	Vanderbilt University	Medical Examiner
Barbara Schneider	Vanderbilt University	Medical Examiner
Mark Werner	Vanderbilt University	Medical Examiner
Terry Meng	University of Colorado	Coordinator
Tommy Mitchell	Vanderbilt University	Medical Examiner
Elizabeth Misskelly	Vanderbilt University	Medical Examiner
Tena Andrews	University of Tennessee	Dental Technician
Bob Tonsing	Vanderbilt University	Medical Examiner
Jon Weizenbaum	Brown University	Special Projects
Julie Remund	Vanderbilt University	Medical Examiner
Jeff Peisner	Vanderbilt University	Special Projects
Charlie Cochran	Vanderbilt University	Medical Examiner
Mary Wagley	Smith College	Co-director
Matt Kumin	Brown University	Community Organizer
Jerry Konrad	Vanderbilt University	Medical Examiner
Annie Livingston	University of Texas	Rights & Benefits Worker
Sue Davis	Harvard University	Rights & Benefits Worker
Wendy Wheeler	Vanderbilt University	Medical Examiner
Susan Hellerstein	Brown University	Community Organizer
Hank Webber	Brown University	Co-director
Debbie Schnitzer	Harvard University	Health Education
Carole Athearn	University of Tennessee	Dental Technician

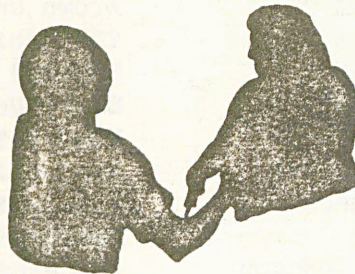
THE DAY



3 HEIGHT AND WEIGHT



2 EYE EXAM



4 LAB WORK

- hematocrits
- appropriate blood work (CBC, SMA6, thyroid functions, etc.)
- pinworm screening
- urinalysis
- pregnancy tests
- RPR
- sickle cell tests

5 IMMUNIZATIONS

- Everyone gets a TB skin test
- Updated on DPT, dT, MMR, and polio shots



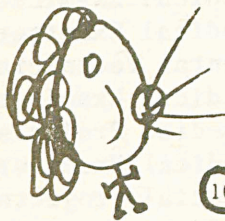
6 AUDIOMETRY
(ear hearing testing)



8 AIR PUFF TONOMETRY
(Screening for glaucoma)



7 LUNG FUNCTION TESTING



9 URINALYSIS
- dipstix and microbial

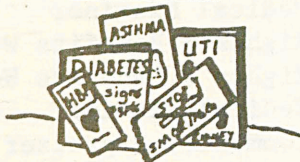


10 DENTAL HYGIENISTS
- patient education on proper brushing and flossing

11 RIGHTS AND BENEFIT

- Medicaid
- Medicare
- Food stamps

13 HEALTH EDUCATION



12 NUTRITION COUNSELING



14 WAITING PERIOD - This is the time spent after the patient has been through all the stations and is waiting for the physical exam. During this time the patient can browse through the health education material and community booths present, fill out health surveys, watch the Coalition Health Education video tapes, and talk with community organizers about their area and community needs.

15 COMMUNITY BOOTHS - are an important aspect of the fair. The Coalition, especially community organizers, encourages various community groups and agencies to set up at the fair with us. This opens up an awareness for the community folks who come to the fair, realizing what health and environmental agencies are available, along with community and private organizations.

16 PHYSICAL EXAM - A complete medical history and physical is performed by the student medical examiner. The diagnostic skills are done if necessary: blood work, EKG, and routinely on all women pelvics, with gonorrhea cultures and pap smears. All this work is supervised by the precepting physician.

THE APPALACHIAN STUDENT HEALTH COALITION
SUMMER 1981 ORIENTATION

SUNDAY, JUNE 7; 6:30 at the CENTER

Introductions

A bit about the Coalition; where is it going? why its structure?

Assumptions and priorities

Why sites? Possible outcomes; possible problems and how to deal with them together

Plans for the week

Beer and munchies

MONDAY, JUNE 8; LIGHT HALL

9-10:30 Management Approach (311)

10:45-11:45 Dr. Christie and Dr. Lefkowitz (311)

11:45-1:00 LUNCH BREAK

1-2 Appalachia and West Tennessee: Dick Couto (311)

2:15-3:45 Decision Making /Finances and the Budget: Kathy Hearne (311)

4-6 Technical Training

- classes for examiners (315)

- sites for all others (311)

TUESDAY, JUNE 9; LIGHT HALL

9-3 Technical Training (with Lunch Break)

- examiners (315)

- organizing workshop (311)

3:15-4:30 Cultural Orientation: Land Issues; Why no docs in Feds Creek?

5..... Adult physicals: examiners (311 & 315)

Stewart County Meeting or informal organizing workshop at Center: others

WEDNESDAY, JUNE 10; LIGHT HALL

9-3 Technical Training (with Lunch Break)

- examiners(307)

- organizing workshop (311)

3:30-4:30 Cultural Orientation; film on strip-mining (311)

5-7 examiners at GYN clinic

THURSDAY, JUNE 11; LIGHT HALL

8-4 Pediatric exams: examiners; United Methodist Neighborhood Center

9-4 Goal-setting, intro. to CHS resources, time to do research, evaluation of organizing workshop, time to do research, etc. : all others: Center

6:30 Ice Cream Social: Center

FRIDAY, JUNE 12; LIGHT HALL

9-10 Feds Creek: Ralph & Karin (311)

10:15-12 Sharing of common goals/ Use of health fair (311)

12-1 LUNCH BREAK

1-3:30 Community Meeting (role-playing): Chris Jacobs (311)

3:45-4 Evaluation / Odds and ends

SATURDAY, JUNE 13 : RETREAT!!!!!!!!!!!!!!

VANDERBILT UNIVERSITY



NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311

Center for Health Services • Vanderbilt Medical Center • Direct phone 322-4773

ORIENTATION FOR MEDICAL EXAMINERS

Mon., June 8, Rm. 315 Light Hall

4:00-5:00 ~~Beth Goldbaum, VMSII~~: Checklist for the nutritionally "at-risk"

5:00-6:00 Tom Rand and Charlie Cochran: The history; putting yourself in the patient's shoes

Tue., June 9, Rm. 315 Light Hall

9:00-9:30 A mystery guest: Philosophy of UTI treatment

9:30-10:00 Charlie Cochran: Words to the wise on planned parenthood

10:00-11:00 Dr. James Snell, Dept. Med. VUSM: Be good to your lungs and heart.

11:00-12:00 Tom Failing: Be good to your lab tech (and he will be good to you)

1:00-2:00 Bob Eliot, Tenn. Public Health Dept.: Pitfalls in gonorrhea screening

2:00-2:30 Greg Loitz, VMSIII: What wonders lay hidden in a mouth.

5:00-7:00 The veteran coalitioners: Organizing your adult exam

Wed., June 10, Rm. 315 Light Hall

9:00-10:00 Dr. Howard Jones, Dept. Ob/gyn: Interpretation of pap smears

10:00-10:30 Gwen Hammer: Quickie intro to the benefits of EKG and immunizations

10:30-12:30 Practical aspects of

Immunizations: Gwen Hammer

Tonometry: Tom Rand

EKG: James Judd, Service Rep., Nashville Surgical

Breast exam: Betsy Breast

12:30-2:30 GU clinic (Vanderbilt Medical Center North)

3:00-3:30 Ann Houston, Tenn. Society for Prevention of Blindness: Importance of screening for glaucoma and vision

5:00-7:00 Gyn clinic (Vanderbilt Medical Center North)

Thur., June 11, United Methodist Center

Almost a health fair: examinations for kids

Technical Training for Organizers

Tuesday, June 9:

9-10 Introductions/ Organizing workshop conducted by Dave Dotson (Youth Project) and Attracta Kelly and Pat Sieman (both of JONAH)

10-12 Community power analysis

12-1:30 Lunch

1:30-3 Entering a Community

- The art of conversation
- Proper door-knocking etiquette

7-? An informal time to discuss specific problems, ask questions, etc. with the workshop leaders. Some of the following issues may be considered, either formally or informally:

- Survival in communities: working in pairs
- Community tensions
- Community meetings: (on video-tape): who's who and what's what?
- Video-tapes of Center projects

Wednesday, June 10:

9-12 "The Meeting": planning and analyzing a community meeting

12-1 Lunch

1-2:30 Leadership diversification

2:30-3 Evaluation

Thursday, June 11:

9-9:30 Reflections on workshop; what you need more of

9:30-10 Introduction to CHS resources

10-10:30 Common reporting

- workplans
- weekly summaries
- final evaluations

10:45-12:15 Goal setting

12:15-1 How to use a health fair for organizing

1-2:30 Lunch

2:30 Discussion

PHYSICAL ASSESSMENT COURSE 1981

offered by the APPALACHIAN STUDENT HEALTH COALITION

JAN 13	Introduction Approaching the Patient Vital Signs and Blood Pressure	Dr. Lewis Lefkowitz Dr. Jim Perrin Anne Saletta
JAN 20	History-taking LAB	Dr. Josh Billings
JAN 27	HEENT LAB	Dr. John Greene
FEB 3	Neuro Exam Developmental Assessment	In the works " " "
FEB 10	Cardio-Vascular LAB	" " "
FEB 17	Lung LAB	Dr. Clyde Heflin
FEB 24	Abdomen and GI LAB	Marie Smith
MARCH 10	Male Genito-Urinary EXam LAB	Dr. Paul Rosenblatt
MARCH 17	Female Genito-Urinary and Breast Exam	Sara Hampshire
MARCH 24	Musculoskeletal Exam Immunizations	Judy Sweeny " "
MARCH 31	Pediatrics Exams LAB	Dr. Rick Williams
APRIL 7	Nutrition Counseling Contraception	Joanne Seale Planned Parenthood
APRIL 14	Approaching the Alcoholic Patient Occupational Health Histories	Dr. Anderson Spickert Carol Osborne
APRIL 21	Putting the Adult Exam Together	Dr. James O'Leary

- Classes meet from 6-8pm in Light Hall, room 420
- LABS will be assisted by 3rd and 4th-year medical students and former Coalitioners
- Additional topics will be covered during Orientation Week, which will be the first week in June.

County Residents Praise Health Fair

By 8:00 p.m. Sunday, the medical team had arrived at the Clarksburg School, set-

up their equipment and were prepared to give physical examinations for the next two weeks. With 16 medical examiners, 3 dental hygien-

ists, 1 lab technician, 2 rights and benefits counselors and a variety of administrative and support personnel, this health fair team has already received the praise of 43 Carroll County residents who-

came for an exam on Monday. One resident, who has just been given a two hour exam, noted that the Fair "is really great. Those examiners really gave me a thorough exam."

The Fair is proving to be more than just a place to get a free physical, however. Community groups, social services and other health-oriented services have been very active in the effort to make the Fair a community effort.

One group of students from the Carroll County Vocational School are participating as part of a community awareness project that will be extended through the Fall semester. Volunteers from the Retired Senior Volunteer Program were checking height and weight and taking appointments while professionals from JOCOA and the Agricultural Extension Service in Huntingdon counseled the

clients on drug and alcohol abuse and nutrition. The Red Cross also has a booth as does the Association for Retarded Citizens.

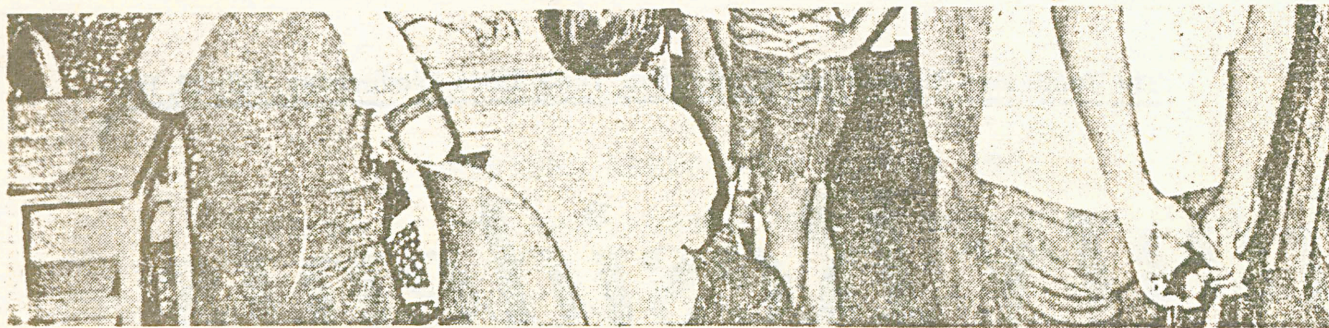
Support for the Fair has come from all sectors of the county. The County Health Department has provided free immunizations and information on the services they provide. The participating organizations and individuals are numerous and it would be impossible to mention them all here. It is

clear, however, that the County has embraced the Fair and the students who have come with it.

Perhaps the most important result of the Fair so far has been the formation of the community based Health Council. This group is committing itself to improving health care in the county and to seeing that the Health Fair is only the beginning of a long-term health program. Marie Thompson, a member

of the Health Council, from Buena Vista, stressed the fact that while the Health Council, is community-based, it must see a significant show of support from the communities in the area for it to be an effective body. "Without that support, we can't do much."

The Health Council will meet on Thursday, July 30, at 7:30 p.m. at the Clarksburg School. All are encouraged to attend.



News-Express Photo By Barbara Justice

Free Exams

Community volunteer Linda Hamilton, right, assists Student Health Coalition team member Terry Meng, left at table, during the Feds Creek Health Fair, currently in progress. Meng says she has "found the community very supportive." This week has been very busy." Friday, June

26, is the last day for the Health Fair, held at Feds Creek High School. Meng says that anyone who wants to see the examiners should call first to avoid long lines. The number to call is Feds Creek High School, 835-2286. See story on page 9.

Health Fair In Progress

By Barbara Justice
Staff Correspondent

On June 15 the Student Health Coalition arrived with suitcases and equipment from Vanderbilt University. On June 16 the Feds Creek Health Fair opened its doors.

Inside, the halls are filled with bustling workers. There are 26 students. Sixteen are medical examiners and the rest include a dental hygienist, counselors, technicians and a receptionist. Services offered include counseling on available health care services to be found in the community, immunizations, blood tests, Pap smears, breast cancer exams, blood pressure tests, and nutrition and weight control services.

The waiting room is full of pamphlets covering every medical condition you could name. There is information on child care from the prenatal time to early childhood, nutrition and diet information, first aid leaflets, a booklet on glaucoma, child safety, arthritis, and the list goes on.

There are big display boards in the lobby and halls of the school about cancer, health and nutrition, and the function of the kidneys.

Most important, there are workers everywhere taking the time to talk with residents, answering a multitude of questions. They are friendly, intelligent and, most of all, concerned.

One of the services offered to the residents is the rights and benefits counseling. The Student Coalition team members working in this area are Sue Davis and Annie Livingston. Davis is happy with the response of the community and has found everyone quite friendly. "Several members of the community are working as volunteers for the Health Fair. That has been very important to the success of the whole thing," she said.

She explained that the counseling provides people with information on SSI (Supplemental Security Income), food stamps and the like. "We hope to be able to help the community establish a Health Council to discuss the area medical needs and methods to meet those needs."

The students have polled the area in order to obtain a comprehensive list of all the medical services readily available to the community. The Pike County Health Department, they said, has been quite helpful, assisting them with information about the local agencies.

Terry Meng says that things have picked up this week and that the last few days look to be busy. "Please ask anyone who still wants to come for an examination to be sure they call first so they can avoid long lines. They should call the Feds Creek High School at 835-2286 for any information or an appointment." Friday, June 26, is the last day of the Health Fair.

Once the fair is completed, there will still be work to do. Two of the students will be staying in the community until mid-August to help people get together to assess their needs and later to help them find ways to meet those health

care needs. Karin Mahoney and Ralph McKay will be in the area throughout the summer.

Team members expressed their thanks to the community people for their support during the past two weeks. "They welcomed us with open arms," declared Ralph McKay. McKay has been staying with Ronnie and Sheila Spears on Feds Creek. Karin Mahoney has been staying with Rodney and Nancy Fuller of Mouthcard. All students have been housed in private homes.

Each day a different church in the area has prepared lunch for them and brought it to the school where the Health Fair is being held. Those churches participating include the Feds Creek Church of God, Mouthcard Baptist Church, Feds Creek Baptist Church, Mountainview Church of Christ, Lick Creek Church of Christ, Phyllis Church of Christ, Pentecostal Church of God (Stateline) and Church of God, Mando Mullins, pastor.

Some of the students had not experienced anything like the Eastern Kentucky mountains before and were thrilled with the area. "They're wonderful," said Edna Kung of Los Angeles. "I'm really enjoying the time I've been here."

The residents say they have rarely received so thorough a physical examination as they have gotten at the Health Fair. Many have not seen a doctor in a long time and are pleased to have the opportunity to take advantages of the Health Fair services, all of which are free to anyone who wants to come. The Health Fair has had over 500 appointments scheduled during the two weeks.

"To be able to sit down with a person and take a complete medical history at a leisurely pace is an all too rare opportunity in modern medicine. Working as a medical examiner provides precisely such an opportunity and gives one a chance to elicit and appreciate the personal background from which a particular medical problem often arises. Since the coalition provided the first exposure to primary care for most of us, we were a bit apprehensive at the start of the summer. Nevertheless, when the first persons arrived for physicals at the first health fair, the anxiety somehow subsided and everyone worked together to get the job done. Indeed, one of the most satisfying aspects of the summer was the remarkable way in which coalition members worked together, toward a common goal."

--Steve Hunt

"My experience as being part of the health team was as rewarding as experiencing each of the communities. On the whole the group was one of the best I've ever had the privilege of associating with. I enjoyed working together with the medical team most of all because it enabled me to see how social work and medicine can work effectively together. This will assist me in my next year's practicum at the V.A. Hospital in San Antonio, Texas. Also, I have more desire after this experience to work in a health setting."

--Annie Livingston

"Most importantly, the people I worked with and met as patients and friends have raised my faith in human nature. Everyone was very warm and caring, and eager to be friendly and helpful. Having lived with little more than textbooks and labs for the last five years this was a very valuable lesson, and one I hope I'll always remember."

--Mark Werner

"One of the most exhilarating moments I have ever experienced was seeing the Tri-Community health council take form in the Feds Creek fire department. A health clinic had been the dream of so many people for so long, work had already gone underway. That night I realized what we meant to the people of the community."

--Karin Mahoney

"I was really impressed as I watched people taking control over their own affairs, internalizing the philosophy the Coalition presents. No one had to encourage anyone to defend the hard work of the council; it was spontaneous and beautiful."

--Debbie Schnitzer

"A bit of denial and overconfidence was essential just to face each new patient at first, but eventually I came to accept that to listen intelligently, to trust common sense where expertise was lacking, to observe physical findings closely and report them accurately, and to learn from my short comings, was all that any first-year medical student could honestly ask of himself."

--Tom Roesch